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CONFIRMATION NO. 8022

<b>SERIAL NUMBER</b> 10/004,118	<b>FILING OR 371(c) DATE</b> 10/30/2001 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1647	<b>ATTORNEY DOCKET NO.</b> BMED-004/01US	
<b>APPLICANTS</b> Stanford Mark Moran, Orinda, CA;					
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/245,883 11/03/2000					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 03/20/2002</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u>		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 64	<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> 32940					
<b>TITLE</b> Method for short-term and long-term drug dosimetry					
<b>FILING FEE RECEIVED</b> 1746	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		